

EAST SUSSEX COUNTY COUNCIL  
Hove & Portslade Health Sub-Committee

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# REPORT

on the

## Health Services of the Area

DURING THE YEAR

1954

by

N. E. CHADWICK, M.A., M.D., D.PH.

*Divisional Medical Officer,*

TOWN HALL ANNEXE, HOVE.



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MADAM CHAIRMAN, LADIES AND GENTLEMEN,

Last year when I resumed my series of Annual Reports on the Health Services maintained under the supervision of the Hove and Portslade Health Sub-Committee, I referred to several projects which although commenced were not expected to be completed or come into operation until 1954. These include the new Infant Welfare Centre in West Way, Hangleton, the new garages and living quarters for the ambulance service in the Corporation Yard, the conversion and furnishing of No. 5 Sackville Road as flats for the District Nursing Association and the alterations and improvements to the Hove Day Nursery at 57 Clarendon Villas. All these were, in fact, finished at various dates during the year 1954. There still, however, remain several gaps to be filled before the whole area can be considered to be provided with the full range of services—these include an Infant Welfare Clinic for Portslade south of the old village and the replacement—if a site can be found—of the Clarendon Villas Centre, to serve the central and western part of Hove. In July 1954 in consequence of the abolition of the Ministry of Food the responsibility for the distribution of the Welfare Foods—National Dried Milk and Orange Juice—was placed upon the Ministry of Health who in turn passed it on to the Local Health Authorities. In Hove and Portslade two new selling centres were established, 1 whole-time at the Clarendon Villas Mission Hall and 1 part-time at the Portslade Food Office. The facilities at the various Infant Welfare sessions were also continued.



## Midwifery Service.

As mentioned in my previous report, the District Nursing Association took over the Domiciliary Midwifery Service in Hove and Portslade from December 1953, and 1954 was, therefore, the first full working year upon which to gauge the efficiency of the new arrangements. The total number of deliveries attended by the staff either as midwives or maternity nurses was 169, the remaining 747 mothers being confined in hospital or nursing home. It has been and still is something of a puzzle why such a high proportion of the live births take place in maternity hospitals. I cannot believe that apart from the first baby cases who are practically entitled to a bed, the medical and social reasons in all the other cases were serious enough to justify hospital admission, and I can only assume that in some instances the wishes of the mother co-incided with the desires of the midwifery training schools. As I envisaged, the additional grant of £3, now increased to £4, was not sufficient to persuade a higher proportion of mothers to have their babies at home. It is interesting to note that 135 mothers had the advantage of Gas and Oxygen Analgesia and 85 had the benefit of Pethedine, a drug with a similar effect. Quite recently the Central Midwives Board has given consent to the employment of Trilene, a more efficient analgesic, by midwives after they have received a course of instruction in the use of the new form of inhaler and provision has been made for the purchase of one apparatus during the current financial year. It is disappointing to find that the number of babies born in the district who were wholly breast-fed on the 14th day was only 100 out of 169, a drop of 45 from last year. In some cases there may have been overwhelming medical reasons or the mother's milk may have given out, but I am afraid that in others the desire on the part of the mother as a matter of convenience to change over to one of the numerous brands of dried milk on the market to-day, has been the deciding factor, particularly if she has been introduced to it by means of supplementary feeds.

## Arrangements for the Care of Premature Infants.

In discussing the arrangements for the care of these babies it must be borne in mind that the definition of Prematurity no longer relates to a shortened period of gestation but to the birth weight. All babies weighing less than 5½lbs. now come within this classification and its chances of survival depend to a considerable extent upon that initial weight. For many years in Hove and Portslade a very high proportion of these infants have either been born in hospital or transferred there shortly after birth. In 1954, out of 66 premature births, 7 were domiciliary confinements and of these only 5 were nursed entirely at home, *i.e.*, those over 4lbs. 15ozs. In view of these findings and with the ample accommodation available in local maternity hospitals, it has not been found necessary to make any special arrangements for those cases either in the shape of specialised equipment or allocation of a midwife with special experience and training.

With the opening of the new Infant Welfare Centre at Hangleton the number of ante-natal clinics was increased from 2 to 3, a doctor's

and a midwives' session alternating. In many instances, although the mother has booked a doctor for her confinement, she still attends the centre and gets to know the maternity nurse who will eventually attend her, the latter in the same way acquiring a very much better knowledge, obstetric and personal, of her patient-to-be.

The expectant mothers' class for education and relaxation exercises, first started by Miss Linton some three years ago, has been transferred to the Hangleton Clinic, where despite in some cases a longer and more inconvenient journey, the improved facilities have attracted even larger numbers.

### **Health Visiting.**

The Ministry of Health has in recent years reiterated that the whole family should be regarded as within the sphere of the Health Visitor's responsibility and this policy has been carried out in Hove and Portslade although their main preoccupation must be as always with the mothers and children. Although in the course of their duties they come across many special cases presenting problems the solution of which depends upon the enrolment of various agencies, I do not feel that they should concentrate on rehabilitating these particular families—often a disappointing and always a time-consuming effort. The present standing of the Health Visitor in her district has been built up by her acceptance as a friend and adviser of the average normal household—a state of affairs which will not long continue if she comes to be regarded as only mainly interested in the abnormal or subnormal. Great emphasis is frequently placed on the necessity for avoiding overlapping in our Welfare Services but unless there is a certain amount of this quality the help we can afford to many individuals will be either missing or incomplete. I hope the time will never come when the Health Visitor will be expected to unite the functions and possess the knowledge of the Welfare and National Assistance Officer and other specialist visitors who on occasion have to visit individual homes. The demands of 36 Infant Welfare Sessions, 12 School Clinics per month, besides School Medical inspections, Gas Sessions at the Dental Clinics, all make inroads upon the time available for these home visits but nevertheless it is satisfactory to note that during the year the Health Visitors kept in touch with and supervised 2,800 households and 3,300 children.

Considerable interest has been taken during the last year or so in the promotion of closer relations between Health Visitor and General Practitioner—it being felt that the exchange of information between the two and the special experience which the Health Visitor has in material and child care, might be conducive to the solving of some of the domestic problems which every General Practitioner meets at times in his practice. With this end in view a joint meeting between Health Visitors and some of the local General Practitioners was held in July and it was I believe generally agreed by most doctors who attended that they had a clearer idea of the functions and duties of the Health Visitor, and as a result they have made more use of her in their own practices.



## **Hove Day Nursery.**

The alterations and redecorations to 57 Clarendon Villas, the nursery for children between the ages of 2—5 years were completed in the early months of 1954 and the result has been a more easily worked and hygienic nursery with better facilities for the training of the children and less wear and tear on the staff, especially in the serving of the meals which now come up on the lift instead of being carried up two flights of steep stairs on trays. The regard in which the nursery is held by the mothers, especially that large proportion who by necessity are the sole or the main support of the family, is shown by the very high level of daily attendances—20 out of 25 for those under 2, and 50 out of 56 for the 2—5's. Since 1949 when the nursery was reorganised as a training centre, there have normally been 8 students, 4 first year and 4 second year, and during that time there has only been one failure in the examination for the National Nursery Nurses' Certificate.

## **Home Help Service.**

The requests for assistance from this service continue to increase and are only curtailed by the difficulty of securing and retaining suitable helps, particularly during the summer months. We have continued to rely upon part-time either regular or casual personnel, the number of which has risen from 25 to 33. There has been a fall in the number of cases dealt with—538 from 634, but a rise in the number of hours worked. The preference for mornings and the adverse effect of the method of assessment on some forms of income has prevented some applicants from making better use of the help which could be provided. Whilst it cannot be gainsaid that in general a contribution should be made by the beneficiary from this form of service, there are, I believe, two special groups of cases for whom this service should be provided free or at a specially reduced rate—Maternity, where it might act as an inducement to have the baby at home, or the Tubercular, because of the duration and nature of the complaint.

## **Home Nursing.**

The analysis of the work of the District Nursing Association shows the same number of medical and surgical visits, double the number of visits to tuberculous patients and those suffering from maternal complications. As in 1953, 1,500 of the patients were over the age of 65 and were responsible for some three-quarters of the home visits.

In consequence of the departure of Miss Chappell, the Superintendent of the Portslade home, a reorganisation of the administrative work took place by which the day-to-day routine administration throughout the whole area became the responsibility of the Superintendent of the Hove home. This has meant that allocation of the staff could be varied in accordance with the demands of the patients without regard to any geographical boundaries. At the same time



Miss Linton rejoined the Queen's Institute and in addition to supervising on behalf of the County Council the whole of the Home Nursing and Domiciliary work of the District Nursing Association, also acts as the visitor for the Institute.

### **Ambulance Service.**

The new garages and living accommodation at the Corporation Depot for the crews were taken over and occupied for the first time on April 1st, 1954. All the vehicles are now housed under one roof, the Superintendent has a separate duty room and the personnel are much better housed. The heating is provided from the surplus heat generated by the Corporation Dust Destructor, but has to be supplemented in the cold evenings and during the week-ends when the fires die down, by electricity or oil. A lecture room for Civil Defence volunteers has also been provided and as a result of this and the provision of other amenities, the attendances have been well maintained and opportunities for acting as attendants on some of the longer journeys has increased their practical knowledge. The attempt to use the old ambulances relegated to Civil Defence as a medium for driving instruction of suitable volunteers proved a failure and arrangements are now made with a driving school for this purpose with very much improved results.

Compared with 1953, some 2,500 additional patients were carried but the total mileage dropped by some 5,000 miles, due in part to an extended use of the railway as an alternative to long distance journeys by ambulance. In this connection I acknowledge the very close co-operation of British Railways in reserving compartments and the ambulance services of other Health Authorities in meeting trains and transporting the patients to their destinations.

One of the first vehicles purchased after the war was replaced, after a mileage of 60,000, by its modern improved equivalent, and it has now been found possible to allocate the newer vehicles to individual crews—with consequent improvement in the pride and care taken of them and less wear and tear on their mechanism.

### **Prevention and After-Care.**

The table on page (27) summarises both the extent of Tuberculosis in the area of Hove and Portslade and the work of the Chest Clinic. The total number of cases on the register has risen by 50 to 553, of whom about 12% are known to be sputum positive, due in part to an increase in the transfer from other districts. 60 new cases first diagnosed at the Clinic during 1954 were equally divided between the infectious and the non-infectious. The Mass-Radiography Unit paid its return visit to its Headquarters in Ditchling Road, Brighton, between October 1953 and March 1954, and 23,000 from Brighton and Hove passed through the van. Of this total, 68 were discovered as suffering from active pulmonary tuberculosis, equal to a rate of 3 per 1,000 persons examined. In Portslade, which had a separate survey, the corresponding figure was 3.75 per 1,000. These rates show a fall from last year, due perhaps in part to the number who had been examined the year previous.

The Tuberculosis Care Committee, under the aegis of the Sussex Rural Community Council, has continued to supplement the provisions made by the State for the care of Tuberculosis patients and their families. Grants for the provision of extra milk, contributions towards the fares of relatives visiting sanatoria and the payments for the boarding out of child contacts are some of the forms of financial assistance rendered during the year. The report on page (11) shows in general terms some of the other activities of the Council. An important duty laid on Local Health Authorities under this section is the arrangement of recuperative holidays for those who require a period of convalescence after an illness before returning either to work or home duties. 5 cases were assisted in this way during 1954, mostly in the case of adults for short periods of between two to three weeks, but in one instance—a child of  $3\frac{1}{2}$  years—the stay in the Residential Nursery was prolonged for  $4\frac{1}{2}$  months. All beneficiaries are assessed to make a contribution towards the cost and in every case not only have they been pleased to do so but have afterwards written expressing their gratitude for the opportunity.

Among the important preventive measures carried out at the Chest Clinic is the examination involving the skin testing of the family contacts and the subsequent immunisation of the susceptible ones by B.C.G. 46 children were protected in this way during 1954. In last year's report I referred to the decision of the Ministry of Health to extend this method of protection to all school leavers, and expressed the hope that it might be possible to implement this decision at an early date. Unfortunately shortage of staff and the difficulty of finding the time for the necessary preliminary propaganda prevented this. We are justly thankful for the declining mortality rate from tuberculosis, but we are not yet able to evaluate how much credit is due to the anti-tuberculous campaigns, improved housing and social conditions or to determine whether the germ has suffered a decline in virulence, but it would appear without offering any explanation that man has become more resistant to the disease.

### **Infant Welfare Centres.**

The high light of the year was the opening of the new Infant Welfare Centre in West Way in November 1954, with sessions allocated to Infant Welfare, Ante-natal and Health Education for Expectant Mothers, and even after this short experience of its working it is evident that much greater efficiency and more extensive use of its facilities by mothers living in the Hangleton area may be expected in the future. Centred in this one building are also Dental, Ophthalmic, Speech-therapy and Follow-up Clinics in connection with the School Health Service, all of which are available to children under school age. With the appointment of an additional Dental Surgeon it is particularly hoped to expand the dental treatment of the under 5's and the expectant mothers. The level of attendances at the other centres was well maintained and it is perhaps interesting to record that approximately two-thirds of the babies born in the year were brought to the Welfare Centres by their mothers.



## **Old People.**

The detailed analysis of the 1951 census appeared in 1953 and provided some interesting comparisons with the previous one made 20 years earlier. This was specially true of old people—Hove for instance, has the highest total of any district in both East and West Sussex with the exception of Worthing—15,000 out of a total population of 70,000. It can be assumed that of these 400 are bedridden, some 1,400 more are confined to their own room or house and a further 3,000 limited to exercise within a quarter of a mile from their own homes. In Portslade the state of affairs is not quite so bad, 1,500 old people out of 13,000, and more of them are natives of the town with friends or relations willing to provide some form of assistance. Most of the figures on page (29) refer, therefore, to Hove and to old ladies rather than old men. This bald record does not give any idea of the telephone calls, interviews, letters and investigations which all these cases involve before a satisfactory solution of their particular problem can even be thought of, let alone provided. These in any event are only a proportion of those needing some kind of help—in fact they are ones in which the primary need is usually some kind of in-patient treatment. Over and above these are a great number who are reasonably active at the moment but who would benefit from advice in their minor difficulties and instruction in the activities of the various agencies at present interested in the postponement for as long as possible of the inevitable deterioration which advancing years bring in their train. The Mayor of Hove has recently set up a co-ordinating Council under the Chairmanship of Mr. Kingston, the Hove Housing Manager. The Committee is still in its infancy and is in fact only in the planning stage, but it is obvious that there is a very wide field for its development, but even then there will still be a large number which it will have to refer to the Health Department. The Ministry of Health has recently stressed that the Health Visitor is a friend of the whole family and has encouraged the appointment of special Health Visitors for the purpose of visiting old people in their own homes. Such an appointment is especially necessary in Hove if proper care is to be given to the bedridden and frail ambulant types and appropriate measures taken to prevent the active from deteriorating and those who have been rehabilitated in hospital from relapsing. Such an appointment, which as explained earlier is anticipated this year, would not only relieve Miss Linton, the Area Nursing Officer, who at present has to make these visits herself to the detriment of some of her other duties, but also would allow of more continuous supervision of those who whilst at the moment are not in need of actual assistance but will deteriorate rapidly without it.

## **Diphtheria Immunisation and Vaccination.**

The Chief Medical Officer of the Ministry of Health in his Annual Report for 1953 has pointed out that the initial protection given in the first year of life declines with the passage of years and that only those immunised or re-immunised during the last five years can be considered reasonably safe. On this basis only about 6,500 of 10,000

can be regarded as reasonably immune. Unfortunately, the very success of our efforts to eradicate diphtheria in the past has resulted in a false sense of security for the future and experience of attacks in other parts of the country in recent years has shown that the diphtheria germ is still as virulent as ever in an imperfectly protected community.

### **Vaccination.**

On the basis that the 467 under the age of one year vaccinated in 1944 were mostly born in the area in that year, the proportion of infants vaccinated was about 60% higher than the national average but falling far short of the 75% required to ensure reasonable security.

### **Conclusion.**

Once again this this year I wish to express my thanks to all my staff, whole and part-time, medical, nursing and clerical, who as always have relieved me of so much anxiety in connection with the day-to-day running of the Health Services in this area. Dr. Langford, the County Medical Officer of Health, has once again been available in the solution of many problems peculiar to this section of the county, and the Chairman and members of the Sub-Committee have, as in previous years, supported and encouraged me in my efforts to improve the service and extend its benefits.

I am, Madam Chairman, Ladies and Gentlemen,

Your obedient servant,

N. E. CHADWICK,  
*Divisional Medical Officer.*



## REPORT OF CARE COMMITTEE.

The Care Service was continued throughout the year with Committee meetings held quarterly.

The average number of patients within the Committee's Care at one time rose to 80. This appears to be due to : (a) better diagnosis of the disease owing to mass-radiography and other means ; and (b) more rapid admission to sanatoria and improved treatment followed by a period of building up at home.

The needs met were widely varied, ranging from (a) those to which the County Council grant contributes through the R.C.C.—Milk, Boarding out of child contacts, Relatives' journeys to sanatoria ; (b) those to which the County does not contribute—provision of extra nourishment, clothing, fuel, blankets and bedding, therapy materials, wireless licences and relief of debts.

### **Funds made available by Sussex R.C.C.**

The allocation from the Christmas Seal Sale appeal was £339, to which must be added the value of gifts in kind and the money raised by local effort.

Further matters of special provision by the Committee included (a) A half-day's outing for some 35 patients who visited Wannock Gardens in July ; (b) Christmas parcels collected, packed and distributed to patients known to be in special need.

Throughout the year the Committee and patients have benefitted from the very helpful co-operation of the Chest Physician, Almoner, Health Visitor and National Assistance Board Officer. The Hon. Area Organiser (Miss O'Brien) and the Hon. Treasurer (Miss Bigwood) undertake a constant service to which the help of Miss Payne has been quite outstanding.

# MIDWIVES.

	Number of Midwives practising in the area of the Local Supervising Authority at end of year.		
	Domiciliary Midwives	Midwives in Institutions	Total
(a) Midwives employed by the Authority .. .. .	—	—	—
(b) Midwives employed by Voluntary Organisations : (i) Under arrangement with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946 .. .. .	7	—	7
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) .. .. .	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act : (i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946 .. .. .	—	—	—
(ii) Otherwise .. .. .	—	—	—
(d) Midwives employed in Private Practice (including Midwives employed in Nursing Homes) .. .. .	1	3	4
Totals .. .. .	8	3	11

# DELIVERIES ATTENDED BY MIDWIVES.

Number of Deliveries attended by Midwives in the Area during the year.							
	Domiciliary Cases.						Cases in Institutions
	Doctor not booked.		Doctor booked.		Totals		
	Doctor present at time of delivery of child (2)	Doctor not present at time of delivery of child (3)	Doctor present at time of delivery of child (either the booked Dr. or another) (4)	Doctor not present at time of delivery of child (5)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
(a) Midwives employed by the Authority ..	—	—	—	—	—	—	—
(b) Midwives employed by Voluntary Organisations : (i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946 .. ..	3	70	60	36	169	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ..	—	—	—	—	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	1	—	—	1	—	—
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	—	5	—	5	115	115
Totals ..	3	71	65	36	175	115	115

### Deliveries Attended by Midwives—*continued*.

(e) Number of cases delivered in Institutions but attended by domiciliary midwives on discharge from Institutions and before the fourteenth day	..	..	..	..	28
(f) <b>Breast Feeding.</b> Number of domiciliary cases in which the infant was wholly breast fed at the fourteenth day				..	100
Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1951, by a Midwife, whether a fee was payable by the Local Health Authority or not :					
(2) Domiciliary Cases:					
(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service	..	..	..	..	46
(ii) Others	..	..	..	..	5
				Total	51
(b) Cases in Institutions	..	..	..	..	—



# ANTE-NATAL AND POST-NATAL CLINICS.

(1)	Number of clinics provided at end of year (whether held at Child Welfare Centres or other premises) (2)	Number of sessions now held per month at clinics incl. in col. (2)		Number of women in attendance		Total number of attendances during the year	
		Medical Officers Sessions	Midwives Sessions	Number of women who attended during the year	Number of new cases included in col. (4)	Medical Officers Sessions	Midwives Sessions
		(3)		(4)	(5)	(6)	
Local Health Authority Clinics :							
(a) Ante-Natal .. ..	—	—	—	—	—	—	—
(b) Post-Natal .. ..	—	—	—	—	—	—	—
Clinics provided by Vol. Organisations :							
(c) Ante-Natal .. ..	3	6	6	218	168	402	426
(d) Post-Natal .. ..	—	—	—	26	26	27	—

## BIRTHS.

Actual number of births in the Authority's area during the year as notified under Section 203 of the Public Health Act, 1936, and the number as adjusted by any notifications transferred in or out of the area :

(1)	Live Births		Stillbirths		Totals	
	Actual (2)	Adjusted (3)	Actual (4)	Adjusted (5)	Actual (6)	Adjusted (7)
(a) Domiciliary	173	171	3	3	176	174
(b) Institutional	117	745	3	18	120	763

## PREMATURE BIRTHS.

Number of Premature Live Births notified (as adjusted by any notifications transferred in or out of the area) :

(a) In Hospital	..	..	57	
(b) At Home	..	..	7	
(c) In Private Nursing Homes	..		2	Total 66

Number of Premature Stillbirths notified (as adjusted by any notifications transferred in or out of the area) :

(a) In Hospital	..	..	11	
(b) At Home	..	..	—	
(c) In Private Nursing Homes	..		—	Total 11

Weight at Birth	Premature Live Births												Premature Still-births		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in Nursing Home and nursed entirely there			Born in Nursing Home and transferred to hospital on or before 28th day		
	Total (2)	Died within 24 hrs. of birth (3)	Survived 28 days (4)	Total (5)	Died within 24 hrs. of birth (6)	Survived 28 days (7)	Total (8)	Died within 24 hrs. of birth (9)	Survived 28 days (10)	Total (11)	Died within 24 hrs. of birth (12)	Survived 28 days (13)	Total (14)	Died within 24 hrs. of birth (15)	Survived 28 days (16)
(1)															
(a) 3lb. 4oz. or less (1,500 gms. or less)	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
(b) Over 3lb. 4oz. up to and including 4lb. 6oz. .. (1,500—2,000 gms.)	17	—	17	—	—	—	2	—	2	—	—	—	—	—	1
(c) Over 4lb. 6oz. up to and including 4lb. 15oz. .. (2,000—2,250 gms.)	7	—	6	—	—	—	—	—	—	—	—	—	—	—	—
(d) Over 4lb. 15oz. up to and including 5lb. 8oz. .. (2,250—2,500 gms.)	31	—	30	5	—	5	—	—	—	2	—	2	—	—	—
Totals ..	57	—	55	5	—	5	2	—	2	2	—	2	—	—	11
															1

# ADMINISTRATION OF GAS AND AIR ANALGESIA.

## (1) Institutional Midwives.

Number of Institutional Midwives in practice in the area at the end of the year qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board :

(a) Employed in homes and hospitals in the National Health Service	..	..	..	—
(b) Employed in nursing homes and maternity homes and hospitals not in the National Health Service	..	..	..	3
Total	..	..	..	3

## (2) Domiciliary Midwives.

(1)	Number of domiciliary Midwives practising in the area at end of year who were qualified to administer gas and air analgesia in accordance with the requirements of the Central Mid- wives Board (2)	Number of Sets of apparatus for the ad- ministration of gas and air in use at end of year (3)	Number of cases in which gas and air was admini- stered by Midwives in domiciliary practice during the year			Number of cases in which pethidine was admini- stered by Midwives in domiciliary practice during the year	
			When doctor was present at time of delivery of child (4)	When doctor was not present at time of delivery of child (5)	When doctor was present at time of delivery of child (6)	When doctor was not present at time of delivery of child (7)	
(a) Domiciliary Midwives employed directly by Local Health Authority ..	—	—	—	—	—	—	
(b) Domiciliary Midwives employed under Section 23 by Voluntary organisations as agents of Local Health Authority ..	7	5	53	82	42	43	
(c) Domiciliary Midwives employed under Section 23 by Hospital Authorities as agents of Local Health Authority ..	—	—	—	—	—	—	
(d) Domiciliary Midwives in private practice or employed by organisations not acting as agents of the Local Health Authority	1	—	—	—	2	—	
Totals ..	8	5	53	82	44	43	



# CHILD WELFARE CENTRES.

Centres provided by :	Number of centres provided at end of year	Number of Child Welfare sessions now held per month at centres in col. (2)	Number of children who first attended a centre of this Local Health Authority during the year and who at their first attendance were under 1 year of age (4)	Number of children who attended during the year			Total number of children who attended during the year	Number of attendances during the year made by children who at the date of attendance were :			Total Attendances during the year
				1954	1953	1952-49		Under 1 yr.	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
(a) L.H.A.	5	36	654	621	857	1217	2695	12240	3998	3815	20053
(b) Vol. Org.	—	—	—	—	—	—	—	—	—	—	—

## DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

- (a) Number of Officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service : (i) Senior Dental Officer *Nil.*  
(ii) Dental Officers *Nil.*
- (b) Number of Officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service : .. .. . 2
- (c) Number of dental clinics in operation at end of year .. .. . 2
- (d) Total number of sessions (*i.e.*, equivalent complete half days) devoted to maternity and child welfare patients during the year .. .. . 36 approx.
- (e) Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year .. —

# DENTAL TREATMENT RETURN.

Number provided with Dental Care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ..	12	12	11	17
Children under Five ..	103	93	80	77

# FORMS OF DENTAL TREATMENT PROVIDED.

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers ..	—	31	—	—	12	1	3	7	—
Children under 5 ..	1	99	67	—	84	58	—	—	—

**1954 DENTAL.**  
**INFANT WELFARE CHILDREN, HOVE & PORTSLADE.**

			<i>Hove</i>	<i>Portslade</i>	<i>Total</i>
No. Examined (Individual)	..		25	78	103
No. Needing Treatment	..		24	69	93
No. Treated	..	..	23	57	80
No. Attended	..	..	55	135	190
No. Absent	..	..	—	4	4
No. Completed	..	..	22	55	77
Extractions	..	..	27	57	84
Fillings ..	..	..	10	89	99
General Anaesthetics	..		18	40	58
Local Anaesthetics	..	..	—	3	3
No. of Dressings	..	..	36	13	49
No. of Other Operations	..		1	—	1
No. of Scalings	..	..	—	1	1
No. of Gum Treatments	..		—	—	—
No. of Silver Nitrate Treatments			28	39	67

**EXPECTANT AND NURSING MOTHERS, PORTSLADE.**

Inspected	..	..	..	..	12
Needing Treatment	..	..	..	..	12
Treated ..	..	..	..	..	11
Attended ..	..	..	..	..	65
Absent ..	..	..	..	..	2
Completed	..	..	..	..	17
Extractions	..	..	..	..	12
Fillings ..	..	..	..	..	31
Anaesthetics, General	..		..	..	1
Anaesthetics, Local	..	..	..	..	19
Silver Nitrate Treatment	..		..	..	—
Dressings	..	..	..	..	7
Other Operations	..	..	..	..	11
Scalings ..	..	..	..	..	2
Gum Treatment	..	..	..	..	—
Impressions	..	..	..	..	9
Dentures, Full	..	..	..	..	3
Dentures, Partial	..	..	..	..	7
Dentures, Repairs	..	..	..	..	—
Mothers Supplied with Dentures			..	..	10

# HEALTH VISITING AND TUBERCULOSIS VISITING.

## A. VISITING.

### HEALTH VISITORS.

TUBER-  
CULOSIS  
VISITORS

	Number of children under 5 years of age visited during year	Expectant mothers		Children under 1 year of age		Children age 1 and under 2	Children age 2 but under 5	Tuber- culous House- holds	Other cases	Total number of families or house- holds visited by Health Visitors (11)	Total visits paid to tuber- culous house- holds (12)
		First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)		(12)
(a) L.H.A.	3316	261	428	889	8388	2559	4625	247	1387	2877	441
(b) Vol. Org.	—	—	—	—	—	—	—	—	—	—	—

## B. CLINICS.

(a) Total number of attendances made by health visitors at Local Health Authority Clinic Sessions during the year	..	1103
(b) Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions during the year	..	74



# AMBULANCE SERVICE.

	(1)						
	Number of Vehicles 31st Dec., 1954	Number of Calls Received during 1954	Number of Journeys during 1954	Total No. of Patients carried during 1954	Number of Accident and Emergency Journeys included in Col. (4) during 1954	Total Mileage 1954	Number of Paid Whole-time Staff at 31st Dec., 1954
Directly Provided Service	Ambulances	9	12112	6112	12448	973	72658
	Cars	—	—	—	—	—	—
							15
							—

# DIPHTHERIA IMMUNISATION.

## HOVE AND PORTSLADE.

Number of children at 31st December, 1954, who had completed a course of Immunisation at any time before that date (*i.e.*, at any time since 1st Jan. 1940).

Age at 31-12-54 <i>i.e.</i> , Born in Year	Under 1 1954	1—4 1953-1950	5—9 1949-1945	10—14 1944-1940	Under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1950-1954 .. .. .	95	1794	2882	1649	6420
B. 1949 or earlier .. .. .	—	—	941	1637	2578

Number of Children who completed a full course of primary immunisation during 1954.

	Aged Under 5 yrs.	Aged 5—14 yrs.	Total
Hove .. .. .	659	108	767
Portslade .. .. .	105	77	182
	764	185	949

	Number of re-inforcing injections given.
	Total
	370
	287
	657

## WHOOPING COUGH IMMUNISATION, YEAR 1954

Age at date of immunisation	Under 1 yr.	1—4 yrs.	5—14 yrs.	Total
Hove .. .. .	280	360	4	644
Portslade .. .. .	45	50	—	95
Totals .. .. .	325	410	4	739

# VACCINATION.

## HOVE AND PORTSLADE.

### NUMBER OF PERSONS VACCINATED OR RE-VACCINATED DURING 1954

Age at Date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number Vaccinated	467	28	7	10	17	529
Number Re-Vaccinated	—	—	22	53	280	355



**DAY NURSERIES.**  
As at 31st December, 1954.

(1)	Number (2)	Number of approved places		Number of children on the register at the end of 1954	Average daily attendance during 1954	
		0—2 (3)	2—5 (4)		0—2 (7)	2—5 (8)
Nurseries Maintained by the Council ..	2	25	50	23	19.75	50.4

**HOME HELP SERVICE.**

(i) Number of Home Helps employed at 31st December, 1954 :

(a) Whole-time ..	..	..	..	..	..	..	Nil
(b) Part-time ..	..	..	..	..	..	..	33
(ii) Number of cases where domestic help was provided during the year							
(a) Maternity (including expectant mothers)	..	..	..	..	..	..	538
(b) Tuberculosis ..	..	..	..	..	..	..	129
(c) Chronic Sick (including aged and infirm)	..	..	..	..	..	..	8
(d) General ..	..	..	..	..	..	..	227
(iii) Number of Domestic Help Organisers employed	..	..	..	..	..	..	174
							1

# TUBERCULOSIS. RETURN FOR YEAR ENDING 31st DECEMBER, 1954.

## PART II—CLINIC WORK.

	Respiratory				Non-Respiratory			Totals		Grand Totals
	M	W	Ch	M	W	Ch	M	W	Ch	
A. (1) Number of notified cases of T.B. on clinic registers on 1st January, 1954 .. .. . (2) Transfers from clinic under other H.M.C.s or B.G.'s during the year .. .. . (3) Cases lost sight of which returned to clinic during the year .. .. . (4) Children transferred to adults during the year	283	169	22	7	13	8	290	182	30	502
	38	28	4	2	1	—	40	29	4	73
	1	—	—	—	—	—	1	—	—	1
	—	2	—	—	—	—	—	2	—	2
B. Number of NEW CASES diagnosed as Tub. during year T.B. MINUS .. .. . T.B. PLUS .. .. .	10	13	2	—	3	1	10	16	3	29
	21	11	—	—	—	—	21	11	—	32
Totals of A and B ..	353	223	28	9	17	9	362	240	37	639
C. Number of Cases in A and B written off clinic registers during the year (1) Recovered .. .. . (2) Died (all causes) .. .. . (3) Removed to other H.M.C. or B.G. clinics (4) Children transferred to adults during the year (5) Other reasons .. .. .	5	7	1	2	—	—	7	7	1	15
	6	2	—	—	—	—	6	2	—	8
	19	27	2	—	—	—	19	27	2	48
	—	—	2	—	—	—	—	—	2	2
	4	7	—	—	1	1	4	8	1	13
Totals of C ..	34	43	5	2	1	1	36	44	6	86
D. (1) Number of notified cases of T.B. on clinic registers on 31st December, 1954 .. .. . (2) Number of above known to have had positive sputum within preceding six months ..	319	180	23	7	16	8	326	196	31	553
	—	—	—	—	—	—	61	17	—	78
E. (a) Number of separate individuals (excluding transfers) first examined during the year .. .. . (b) Number of those in (a) who attended as Contacts and who were: (1) Diagnosed as Tub. .. .. . (2) Not Tuberculosis .. .. . (3) Not determined (as 31/12/54)	—	—	—	—	—	—	327	363	177	867
	—	—	—	—	—	—	1	—	—	1
	—	—	—	—	—	—	38	96	120	254
F. Number of Patients on clinic registers awaiting admission to T.B. Institution .. .. .	6	3	—	—	—	—	6	3	—	9

# HOME NURSING.

(1)	Medical (2)	Surgical (3)	Infectious Diseases (4)	Tuber- culosis (5)	Maternal Compli- cations (6)	Others (7)	Totals (8)	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year (10)	Patients included in (2)-(7) who have had more than 24 visits during the year (11)
Number of Cases attended by Home Nurses during the year : (a) L.H.A. ..	—	—	—	—	—	—	—	—	—	—
(b) Vol. Org. under arrangements with the Authority ..	2419	367	1	76	19	36	2918	1490	48	499
Number of Visits paid by Home Nurses during the year : (c) L.H.A. ..	—	—	—	—	—	—	—	—	—	—
(d) Vol. Org. under arrangements with the Authority ..	44380	7902	1	3188	157	356	55984	39968	291	27048



## OLD PEOPLE, 1954.

Total number of new patients visited during the year	..	260
Total number of revisits	.. ..	318
Brighton General Hospital and related Hospitals	.. ..	48 (3 on a 3-day Order).
Brighton General Hospital Mental Observation Beds	..	7
Other Hospitals	.. ..	7
Nursing Homes	.. ..	15
St. Francis Hospital	..	3
County Welfare Homes	..	27
Private Old People's Homes	..	10
Observation at home or pending admission to County Welfare or other homes	.. ..	143
		<hr/> 260 <hr/>

Of the above :    7 died at home.

16 died in hospital.

5 died in nursing homes.

1 died in County Welfare Home.

## WELFARE FOODS SERVICE.

The distribution of these foods was transferred from the Ministry of Food on 28th June, 1954, and from that date to the end of the year the following quantities were issued in this area :

National Dried Milk Powder			
(Full Cream and Half Cream)	..		12,434 tins
Cod Liver Oil	..	..	4,201 bottles
A. and D. Tablets	..	..	1,249 packets
Orange Juice	..	..	24,782 bottles

The foods are available upon application to all Infant Welfare Centres and at the Mothercraft Training Society. In addition the premises formerly used by the Ministry of Food in Portslade were taken over and are open on five half-days each week. The Clarendon Villas Infant Welfare Centre in Hove is kept open throughout the week and is the main distribution point in the area.

A whole-time clerk is employed at Clarendon Villas and a part-time clerk at the Portslade premises. At other distribution points the work is undertaken by voluntary staff including members of the Women's Voluntary Services.









